

BABYSITTING CHECKLIST



We will be at: _____

Phone number: _____

We should be home around: _____



Parent: _____ Neighbor: _____

Parent: _____ Other: _____



In case of emergency: _____



Reminders

_____ _____
 _____ _____
 _____ _____



House rules

_____ _____
 _____ _____
 _____ _____

Child's name: _____

Age: _____

Allergies: _____

Medications: _____

Child's name: _____

Age: _____

Allergies: _____

Medications: _____

Child's name: _____

Age: _____

Allergies: _____

Medications: _____

Child's name: _____

Age: _____

Allergies: _____

Medications: _____